

400142

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Dr. Kent 5133

State File No. 963
Registrar's No. 963

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location St. Mary's Hos.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution two days; In Community 32 years; In Arizona 32 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 627 North 6th Avenue; (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME LAURA ALMA REECE (b) If veteran name war no (c) Social Security No. none

4. Sex Fem. 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Loren Reece 6. (c) Age of husband or wife, if alive 72 yrs.

7. Birthdate of deceased Sept. 14, 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 5 If less than one day hrs. min.

9. Birthplace Garrett, Texas
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father { 12. Name Corbin
13. Birthplace Texas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Winterode
15. Birthplace Texas
(City, town or county) (State or Country)

15. (a) Informant's own signature Robert A. Reece

(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Evergreen Cem. (c) Date 9/21, 1948

18. (a) Embalmer's Signature Chris A. Reilly

(b) Funeral Director Reilly Funeral Home

(c) Address 102 E. Pennington, Tucson, Arizona

19. (a) 9-20-48
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 19, 1948
TIME (Hour and minute) 10:15 A. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1948 to Sept. 19, 1948
that I last saw h^{er} alive on Sept. 19, 1948

and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

Due to Generalized arteriosclerosis

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Leo J. Kent

Address 2430 E. 6th St., Tucson, Arizona

Date signed Sept. 20/48

DURATION
24 hrs.

Years

Years

Years

PHYSICIAN

Underline the cause to which death should be charged statistically